

# FIELD MANAGEMENT TRAINING EVALUATION REPORT

Department of Justice  
Commission on Peace Officer Standards and Training  
1601 Alhambra Boulevard  
Sacramento, California 95816-7083

1. NAME OF REPORTING DEPARTMENT/AGENCY AND ADDRESS

2.

SIGNATURE OF DEPARTMENT/AGENCY HEAD

DATE

SOCIAL SECURITY NUMBER

3. PERSON(S) TRAINED (LAST NAME, FIRST, MIDDLE INITIAL)

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_  
5. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. DATES ON WHICH TRAVEL/TRAINING OCCURRED. IF TRAVEL AND TRAINING OCCURRED ON THE SAME DATE(S) INDICATE THE NUMBER OF HOURS OF TRAVEL/TRAINING FOR EACH DATE(S). INDICATE THE TYPE OF TRANSPORTATION USED, I.E., COMMERCIAL AIR CARRIER, OR AGENCY VEHICLE. (INDICATE THE NUMBER OF VEHICLE MILES TRAVELED.)

5. NAME(S) OF DEPARTMENT/AGENCY WHERE TRAINING OCCURRED. IF MORE THAN ONE SITE WAS VISITED, INDICATE THE DATES AND SEQUENCE OF SITES VISITED.

6. NAME OF CONTACT PERSON WHERE TRAINING OCCURRED

TELEPHONE NO.

( )

7. WHAT WAS LEARNED/OBSERVED (CONCEPTS, PROGRAMS, PROCEDURES, EQUIPMENT, ETC.)?

IF A DEPARTMENT/AGENCY REPORT WAS MADE REGARDING THIS FIELD MANAGEMENT TRAINING, PLEASE ATTACH A COPY OF THE REPORT AND PLEASE DISREGARD BLOCKS 8 AND 9 ON THIS FORM IF THE DEPARTMENT/AGENCY REPORT ATTACHED RESPONDS TO THESE QUESTIONS.

FOR POST USE ONLY

COURSE CONTROL NO.

REPORT APPROVED BY

7. CONTINUED

8. WHAT ELEMENTS (CONCEPTS, PROGRAMS, PROCEDURES, ETC.) DO YOU INTEND TO IMPLEMENT AND WHEN?

9. IF YOU PLAN TO IMPLEMENT WHAT YOU LEARNED/OBSERVED, WILL YOU DO SO WITHOUT MODIFICATION?

☐ YES ☐ NO IF YOUR ANSWER IS NO, PLEASE EXPLAIN THE MODIFICATION.